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Substitute for Form PTO-875 CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY									OTHER THAN OR SMALL ENTITY	
(Constitutive)					RATE	FEE		RATE	FEE	
FOR NUMBER FILED NUMBER EXTRA BASIC FEE				REXIRA	RATE	\$	OR	,	s <u>-7</u> 70	
(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) (37 CFR 1.16(c))						<u> </u>		x s 18 =	1609	
(37 C	FR 1.16(c))	1 0	109 minus 20 =		1	× \$=		OR	x \$86 =	516
	PENDENT CLAIMS FR 1.16(b))	9	9 minus 3 = •		2	× \$=		OR 	x \$ <u>QQ</u> =	$-\frac{\varphi}{ \varphi }$
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL										අපපිරි
CLAIMS AS AMENDED – PART II								oŔ	OTHER	
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	7	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	× \$=	·	OR	x \$=	
	(37 CFR 1.16(c)) Independent	•	Minus	***	=	× \$=		OR	x \$=	
	(37 CFR 1.16(b))			ST CLAIM (27 CE	P 1 16(d))			OR	+s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE		OR:	TOTAL ADD'L FEE	
	•		•	(Caluma 2)	(Column 3)			_		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x \$=	_	OR	x s=	
	(37 CFR 1.16(c)) Independent	•	Minus	***	=	x \$=		OR	× \$=	
	(37 CFR 1.16(b)) (37 CFR 1.16(b))					+s =		OR	+\$=	ľ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_				
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	· ADDI- TIONAL · FEE
	Total	* AWEMPINEM	Minus	**	=	x \$=		OR	x s=	
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	·	Minus	***	=	× \$=		OR	x \$ =	
AME						+ \$ =		OR	+ \$=	
F	PIKST PRESENTATION OF MISELITE ED ST. ELISTEN CO.					TOTAL ADD'L FEE		OR.	TOTAL ADD'L FEE	
		column 1 is less th Number Previous				n 3.), enter "20".		~ <u>``</u>		
	If the "Highes" If the "Highest"	Number Previous Number Previous	ly Paid For	IN THIS SPACE	E is less than 3,	enter "3". hest number found	in the approp	riate box in	column_1	

This collection of information is required by 37 CFR 1:16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1:16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection is required to obtain or retain a benefit by the public which is to file (and by the This collection is estimated to take 12 minutes to complete, user or required to oppose of the Complete oppose oppose of the Complete oppose of the Complete oppose oppose of the Complete oppose opp

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